

TOWN OF BEDFORD

DEPARTMENT OF PLANNING & COMMUNITY DEVELOPMENT 215 EAST MAIN STREET, BEDFORD VA 24523

Phone 540-587-6021; Fax 540-587-6143; E-Mail cjohnson@bedfordva.gov

2020	BUSINESS LICENSE APPLICATION FEE \$30.00
BUSINESS NAME:	
FEDERAL IDENTIFICAT	TION # (or Social Security #):
TYPE OF BUSINESS	DESCRIPTION OF BUSINESS
Individual	Professional Occupation:
Corporation	Retail Occupation:
LLC	Service Occupation:
Partnership	Wholesale Occupation:
	Contractor A B C (Circle One) Occupation:
PHYSICAL ADDRESS C	F BUSINESS MAILING ADDRESS (If different from physical address)
Bldg.#	Bldg.#
Street	Street
Suite #	Suite #
City	City
State	State
Zip Code Phone	Zip Code
Fax	PO Box
E-Mail	City
Website	State
	Zip Code
BUSINESS OWNER'S I	PERSONAL INFORMATION
Name	
Home Address	
Phone #	
Mobile Phone #	
E-Mail	
THE ABOVE INFORMA	ATION IS VERIFIED BY:
NAMI	TITLE DATE